FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
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03-03-2003 90952 009 ***158.75
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086647

1. Entity Name

HUECK ARMORING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8334 NW 56 STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33166 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0477661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Timothy H. Crutchfield

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2nd. Avenue, Suite #1020

City: MIAMI FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	PD- HUECK, JUAN CARLOS 14464 SW 138 PL MIAMI, FLORIDA 33186		
	VTSD- KUHN, ROBERTO 5970 SW 83RD STREET SOUTH MIAMI, FLORIDA 33143		4/4
			DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] VTSD - ROBERTO KUHN 02/26/2003 (305) 592.9308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)